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## BIB DATA SHEET

CONFIRMATION NO. 9016

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/583,451		604	3763	604-782

## APPLICANTS

Phillip Owen Byrne, Newcastle upon Tyne, UNITED KINGDOM;  
 Harry Raymond Ingham, Newcastle upon Tyne, UNITED KINGDOM;  
 Penelope Rosemary Attridge, Middlesex, UNITED KINGDOM;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/GB2004/005357 12/20/2004

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 0329269.5 12/18/2003

## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/05/2008

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Initials	UNITED KINGDOM	11	17	1

## ADDRESS

NIXON & VANDERHYE, PC  
 901 NORTH GLEBE ROAD, 11TH FLOOR  
 ARLINGTON, VA 22203  
 UNITED STATES

## TITLE

Syringe

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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